



**TOWN OF MIAMI LAKES**  
6601 Main Street, Miami Lakes, FL 33014

# Volunteer Information Form

## **VOLUNTEER'S INFORMATION** *(Please print or type)*

Full Name \_\_\_\_\_  
*Last First Middle Birthdate*

Address \_\_\_\_\_  
*Number & Street City State Zip*

Phone Number \_\_\_\_\_  
*(Area Code and Number)*

Email Address \_\_\_\_\_  
*Email Address*

Department or Area of Interest \_\_\_\_\_